EXHIBIT "NINETEEN"

* Fax Letter of Anton Pereira, plaintiff
Dated: OCTOBER 15, 2013
Addressed to: Heather Koteski, MD (DR);
"ATTENDING: G 5".
"PRIMARY RN: JME1"
HOBOKEN U.M.C., Emergency Room
308 WILLOW AVE.,
HOBOKEN, NEW JERSEY 07030
fax: (201) 418-1913
* (mailed prior to fax service)
on: OCT. 15, 2013
* faxed on: OCTOBER 21, 2013,
Due to no response.
* with "Transmission Verification Report"

* Plaintiff incorporates this document to every page in this action, and to support thereof.

ACP

Fax Cover Sheet

Date OCTOBER 21, 2013

Number of pages 7 (including cover page)

To: HEATHER KOTOSKI, MD;
"ATTENDING: GS"
Name "PRIMARY RN: JMEI"
Company HOBOKEN UNIVERSITY MEDICAL CENTER
EMERGENCY ROOM DEPARTMENT
Telephone (201) 418-1900
Fax (201) 418-1913

From: ANTON PURISIMA
Name ANTON PURISIMA, PATIENT
Company SELF
Telephone E-MAIL: ACPURISIMA@HOTMAIL.COM

Comments Letter dated: OCTOBER 15, 2013 attached herewith 6 pages plus cover page. This is a fax service, as addition. Please respond as soon as possible, as this is an EMERGENCY!

7 90363 00711 1
Fax - Local Send

7 90363 00714 2
Fax - Domestic Send

ACP

7 90363 00720 3
Fax - International Send

22705

TRANSMISSION VERIFICATION REPORT

TIME : 10/20/2013 22:55
NAME : ONE STOP
FAX : 201-858-3488
TEL :
SER.# : BROH6J520829

DATE,TIME	10/20 22:51
FAX NO./NAME	912014181913
DURATION	00:04:01
PAGE(S)	07
RESULT	OK
MODE	STANDARD

ANTON PURISIMA, PATIENT
390 9TH. AVENUE,
NEW YORK, NEW YORK 10001.

By: FIRST CLASS MAIL (TWO STAMPS ATTACHED)

OCTOBER 15, 2013

HEATHER KOTUSKI, MD (DR)
"ATTENDING: GS".
"PRIMARY RN: JME;"

HOBOKEN U.M.C., E. ROOM
308 WILLOW AVE.;
HOBOKEN, NEW JERSEY 07030

RE: MEDICAL RECORD: 2005623
ACCT. # 200539047
[NOTICE OF FRAUD MEDICAL ("ACTS"); NOTICE TO STOP MEDICAL BILLS or CHARGES DURING THE VISIT on OCT. 14th, 2013 @ UMC; "OTHER" ILLEGAL ACTS DURING E.R. VISIT BY UMC EMPLOYEES TOWARDS PATIENT ANTON PURISIMA]

ACP

Dear DOCTOR KOTUSKI, and (the "ADMINISTRATOR") of UMC, and to whom it may concern:

Please take notice of the following:

①. The alleged employees above made WRONG MEDICAL RECORD REPORT in my record as a patient at HOBOKEN U.M.C., ON OCTOBER 14, 2013 — my Complaint in going to HOBOKEN UNIVERSITY MEDICAL CENTER (HUMC) IS MY RIGHT-HAND-ELBOW WAS AND IS SWOLLEN and VERY PAINFUL I cannot Bring it up (RAISE IT UP) DUE TO SO MUCH PAIN at well at I personally informed the alleged (Attending: "GS EMPLOYEE") and I informed all nurses (1st. 2nd. and 3rd. nurse who were assigned to help me that I WAS BITTEN BY A PUPPY (DOG) @ my Right Hand middle finger on OCTOBER 4th 2013 and I also informed all THREE EMPLOYEES and that I was given "Rabbies" shots started on OCT. 09, 2013 (FIRST Rabbies Shots). That the

"second shot" was held on OCT. 12, 2013. However, I informed these nurses on OCTOBER 14, 2013 @ HUMC that my nerves were swollen around ELBOW area of my right hand ("front and back of my Right elbow"), after (the "second shot") on OCT. 14, 2013 as well as I informed other around around my body and the medications I was taking, these were and are my purpose in seeing the Doctor @ HUMC (Hospital). my "ear-problem" was "just-added-at-the-end." I just requested to see (to "drain." It was just (an "ADDITION"), but the "Attending" "GS" was "forced" to see my left-ear (based on my interpretation, as she was saying: "your REGULAR DOCTOR SHOULD CHECK THIS AS THIS IS an E.R." Also, I requested a "REFILL OF MY "MECLIZINE" medication due to my Dizziness problem (Vertigo) but she refused to prescribe me through the nurses (2nd. nurse - who escorted me to the assigned space. This is relayed to me also (by "THE EXIT NURSE") (PREGNANT-NURSE) That handed to me the "discharge instructions." Additionally "I did not see" (The "medical Doctor" who signed the prescriptions in my case).

③. my "main symptoms" (Problem in going (PURPOSE) TO the Hospital were disregarded (replaced w/ less important

④. I was prescribed w/ CIPRO HC: Suspension: 0.2% - 1%: OTIC signed by: Heather KOTOSKI (I did not see) - "This medication is too expensive ($200.00 ea) and was denied by the insurance, due to Very Expensive. Relayed to me by the Pharmacist @ Duane Reade. See: attached Copy as reference.

(5). my swollen nerves around my right-elbow Disappeared in Discharge instructions!

6. The "Second-Double-Automatic-Doors" closed (did not open as well as the ladies near the entrance were laughing at me, when I informed them the second-doors were locked. Then, they opened it)

Please take notice, this is a complaint as well as an "Request for investigation" for the above issues. Therefore, Please respond as soon as possible Through E-MAIL: ACPURISIMA@HOTMAIL.COM

ATTACHED: PRESCRIPTION (COPY) & Discharge instructions - for you to REVIEW

Very truly yours,

ANTON PURISIMA,
Complainant
E-MAIL: ACPURISIMA@HOTMAIL COM

PLS. NOTE:
* DO NOT CHARGE THE INSURANCE CO. THAT I GAVE TO YOUR OFFICE (CARD INFORMATION);
* YOU WILL BE COMMITING Additional fraud, if you charge.
Due to you are hereby notified THROUGH THIS LETTER.
* I WAITED TOO LONG as well as APPROX. TWO INCHES THICK OF OF MY DOCUMENTS are MISSING from my "Cart"
* ADDITIONALLY, you are in Violation of my Constitutional Rights as (a "Patient") and as (a "Customer") as well as (a "U.S. CITIZEN").
Due to these, I am DEMANDING PAYMENT OF $100 (DECILLION DOLLARS), if you do not pay me IN one (1) month it will go UP (to "PRICELESS DAMAGES") as well as I will file my claim in COURT ..... will see you there.

=Page THREE of THREE=

Same

Hoboken UNIVERSITY MEDICAL CENTER

Name: Purisima, Anton
Age: 61Y DOB: Dec 15, 1951
Gender: M
MedRec: 2005623
AcctNum: 200539047
Attending: GS
Primary RN: JMEI
Bed: ED ED 25B-FT

HOBOKEN UMC
DISCHARGE INSTRUCTIONS

You have been seen, treated and released from Hoboken University Medical Center. Please return to this ER, or to the nearest Emergency Department if your symptoms worsen.

FINAL DIAGNOSIS
Otitis externa (acute)

ADDITIONAL DIAGNOSIS
wound check

FOLLOWUP CONTACTS

physician NHC, Family Practice
122-132 Clinton Street
Hoboken NJ 07030
Phone: 201-418-3220
Comment: NHC - Neighborhood Health Center - formerly known as Center for Family Health

SPECIAL INSTRUCTIONS
Follow-up rabies vaccine on 10/16/13.

MEDICAL INSTRUCTIONS

EAR - SWIMMERS (OTITIS EXTERNA)
Swimmers Ear
(Otitis Externa)

You have been diagnosed as having otitis externa ("swimmers ear"). Otitis externa is a bacterial (germ) or fungal infection of the outer ear canal (from the eardrum to the outside of the ear). Swimming in dirty water may cause swimmers ear. It also may be caused by moisture in the ear from water remaining after swimming or bathing. Often the first signs of infection may be itching in the ear canal. This may be associated with pus like drainage from the canal.

HOME CARE INSTRUCTIONS
It is important to keep your ear dry. Use the corner of a towel to wick water out of the ear canal after swimming or bathing.
Avoid scratching in your ear. This can damage the ear canal or remove the protective wax lining the canal and make it easier for bacteria (germs) or a fungus to grow.
Make up a small bottle of equal parts of white vinegar and alcohol. Put three or four drops into the infected ear while lying down and keeping that ear pointed up. Keep drops in for two or three minutes. You may then turn over and let that ear drain and do the same thing with the opposite side even if that side is not infected. Drain this ear also after two to three minutes. Hopefully this will prevent infection on that side. Repeat this treatment three times per day. If it seems to be helping, continue the treatment for one month.
Sleeping with your head raised may help relieve pain.
Use a cotton tipped swab to dry ear canal after swimming or bathing.
You may use acetaminophen (Tylenol®), ibuprofen (Advil® or Motrin®), or aspirin as needed for pain and

Hoboken UNIVERSITY MEDICAL CENTER

Name: Purisima, Anton
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Bed: ED ED 25B-FT

HOBOKEN UMC
DISCHARGE INSTRUCTIONS

inflammation (soreness) if your caregiver has not given medications which would interfere with this or advises otherwise. Take ibuprofen with food in your stomach or with a meal to avoid stomach upset.
If you have not improved within one week, see your caregiver.

SEEK MEDICAL ATTENTION IF:
You have pain that is not relieved by eardrops or heat.
An oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
There is any discharge from the ear, the outer ear becomes red or swollen, or there is swelling behind your earlobe.
Your ear is still painful after 3 days or is getting worse.
You have problems that may be related to the medicine you are taking.
Document Released: 12/18/2006 Document Re-Released: 06/11/2007

PRESCRIPTIONS

Ibuprofen : Tablet : 800 Mg : Oral
Dispense: 15, Quantity: * Unit: , Route: Oral, Schedule: See Notes

Cipro HC : Suspension : 0.2%-1% : Otic
Dispense: 1 bottle, Quantity: 3, Unit: gtts, Route: Otic, Schedule: 2 times a day

Augmentin : Tablet : 875 Mg-125 Mg : Oral
Dispense: 14, Quantity: 1, Unit: tab, Route: Oral, Schedule: 2 times a day

Please read your instructions carefully. Return to the Emergency Room for any worsening signs and/or symptoms.

Please call the number below if you don't have a Primary Care or Consulting Physician:
HUMC Center for Family Health, Monday thru Friday 8am – 5pm
Tel: 201-418-3123 or 201-418-3100

Hoboken University Medical Center Emergency Dept: 201-418-1900

Hoboken
UNIVERSITY
MEDICAL CENTER

Name: Purisima, Anton
Age: 61Y DOB: Dec 15, 1951
Gender: M
MedRec: 2005623
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Attending: GS
Primary RN: JMEI
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HOBOKEN UMC
DISCHARGE INSTRUCTIONS RECEIPT

As Always, You are the most important factor in your recovery. Please follow these instructions carefully. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, return to the emergency department.

FINAL DIAGNOSIS
Otitis externa (acute)

ADDITIONAL DIAGNOSIS
wound check

FOLLOWUP CONTACTS

physician NHC, Family Practice
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THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Follow–up rabies vaccine on 10/16/13.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
EAR – SWIMMERS (OTITIS EXTERNA)

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Dispense: 14, Quantity: 1, Unit: tab, Route: Oral, Schedule: 2 times a day

CONTACT YOUR PRIMARY CARE PHYSICIAN:

Please contact your PCP as soon as possible and inform them of this Emergency Department visit. Most insurance policies require this and you may be held responsible for your entire Emergency Department bill if you do not get your primary care physicians authorization for the ER visit.

Also, before calling to see any specialist you may have been referred to, you should also contact your PCP. Most

State of New Jersey

PRESCRIPTION BLANK

HOBOKEN UNIVERSITY MEDICAL CENTER

EMERGENCY DEPARTMENT

308 WILLOW AVENUE • HOBOKEN, NJ 07030 • TEL # 201-418-1900

FACILITY PROVIDER # HF 10908

FACILITY NPI # 1043475668

BATCH # PFL 13082102

SERIAL # 009518

PRINT CLEARLY: _____

NAME & TITLE OF PRESCRIBER & IF APPLICABLE, SUPERVISING / COLLABORATING/VE PHYSICIAN

CHECK IF: ☐ APN ☐ CNM ☐ PA ☐ PRT ☐ RPD

LICENSE / CERT/ Rx AUTHORIZATION # 25MP00275500

DEA # MK2565678

NPI # 1710256425

PATIENT Anton Purisima D.O.B. 12/15/1951

ADDRESS 390 94th ave DATE 10/14/2013

Rx

Cipro HC : Suspension : 0.2%–1% : Otic

3 gtts
2 times a day
Dispense: **1 bottle**

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

REFILL _____ TIMES

SIGNATURE OF PRESCRIBER Heather Kotuski

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM, ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

ACP

EXHIBIT "TWENTY"

ONE DOCUMENT for: THIS ACTION and ATTACHMENT "X-TWO" for: State Complaint

* Plaintiff incorporates this document to every page in this action, and to support thereof.

Copy of:

* A Letter from:
Care Point Health,
Hoboken University Medical Center
Dated: OCTOBER 21, 2013
Addressed to: ANTON PURISIMA

* UNSIGNED

* Copy of Letter & WITH Postmarked Envelope OCTOBER 21, 2013

ACP

CarePoint Health
Hoboken University
Medical Center

CarePoint Health - Hoboken University Medical Center
308 Willow Avenue
Hoboken, NJ 07030

October 21, 2013

Anton Purisima
390 9TH Avenue
New York, NY 10001

Dear Mr. Purisima:

Thank you for your letter describing the problems with the emergency department. I appreciate your candor and have reviewed your chart and discussed with all providers involved in your case. I understand your frustration and apologize for your inconvenience.

The chart does accurately reflect all of your problems and complaints, i.e. wound check for dog bite, chronic vertigo, lost prescriptions, and ear pain with drainage. All issues are documented appropriately. Cipro ear drops are an appropriate prescription, but are easily changed if insurance cannot cover the cost. Feel free to follow up with us, the neighborhood health center, or the physician who initially treated your dog bite.

Sincerely,

CarePoint Health – Hoboken University Medical Center
Emergency Department

CarePoint Health
Hoboken University
Medical Center

308 Willow Avenue, Hoboken, NJ 07030

$00.46

US POSTAGE

Anton Purisima
390 - 9th Ave.
New York, NY 10001

NOV 07

10001990190

EXHIBIT "TWENTY-ONE"

* HOBOKEN UMC
DISCHARGE INSTRUCTIONS for: PURISIMA, ANTON

Dated: OCTOBER 14, 2013

* THREE PAGES

* Plaintiff incorporates this document to every page in this complaint and to support thereof.

ACP

Hoboken UNIVERSITY MEDICAL CENTER

Name: Purisima, Anton
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Gender: M
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Attending: GS
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HOBOKEN UMC
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ADDITIONAL DIAGNOSIS
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Sleeping with your head raised may help relieve pain.
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You may use acetaminophen (Tylenol®), ibuprofen (Advil® or Motrin®), or aspirin as needed for pain and

Hoboken UNIVERSITY MEDICAL CENTER

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DISCHARGE INSTRUCTIONS

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Document Released: 12/18/2006 Document Re-Released: 06/11/2007

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Hoboken UNIVERSITY MEDICAL CENTER

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HOBOKEN UMC
DISCHARGE INSTRUCTIONS RECEIPT

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Please contact your PCP as soon as possible and inform them of this Emergency Department visit. Most insurance policies require this and you may be held responsible for your entire Emergency Department bill if you do not get your primary care physicians authorization for the ER visit.

Also, before calling to see any specialist you may have been referred to, you should also contact your PCP. Most

EXHIBIT "TWENTY-TWO"

* COPY ATTACHED HEREWITH WITH ENVELOPE

* Letter from: WILLIAM V. ROEDER, EXECUTIVE DIRECTOR
NEW JERSEY OFFICE of the ATTORNEY GENERAL

Dated: NOVEMBER 25, 2013

ADDRESSED TO: ANTON PURISIMA

RE: HEATHER KOTUSKI, M.D.; (OTHER "ISSUES");
DOG-BITE INCIDENT TREATMENTS OF PLAINTIFF'S
[WOUND BITTEN BY RABIES INFESTED DOG. DEFENDANTS REFUSED TO PROPERLY TREAT PLAINTIFF.]

ACP

* Plaintiff's Prior Complaint of (these "illegal acts of defendants") in this action filed by Plaintiff herein, issues during his E.R. visit on OCT. 14, 2013 (illegal acts conducted by employees against Complainant at Hoboken UMC).

* Plaintiff filed complaint to the State of New Jersey (Attorney General's Office, and was referred by the alleged office to CONTACT (THE "NEW JERSEY DEPARTMENT OF HEALTH"), as alleged in the letter.

* Plaintiff incorporates this document to every page in this action and to support thereof.

ACP

New Jersey Office of the Attorney General

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

For Delivery Services:
140 East Front St.
PO Box 183 , 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7117 FAX

November 25, 2013

Anton Purisima
390 9th Avenue
New York, New York 10001

RE: Heather Kotuski, M.D.

Dear Anton Purisima,

The New Jersey State Board of Medical Examiners (the "Board") is in receipt of your recent correspondence regarding the above captioned matter.

The Board is authorized to conduct an inquiry of alleged violations of the Medical Practice Act. The Board's administrative office carefully reviews all submitted material, and generally, forwards all complaints to a committee of the Board. Specific facts, however, must be present in order to make a proper assessment. Based on the information you provided, the Board is unable to identify any violation within the Board's jurisdiction.

The issues you mention in your complaint involving Cape Point Health and Hoboken University Medical Center do not fall under the jurisdiction of the Board. Therefore, you may wish to contact the New Jersey Department of Health.

The Board is aware that this matter is very distressing for you. The decision not to take any disciplinary action in no way minimizes your complaint. I wish more favorable information could have been provided to you.

The Board appreciates your understanding in this matter.

Very truly yours,

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/raz

Ex. 22

EXHIBIT "TWENTY-THREE"

* ARTICLE: USA TODAY FOR: ASBURY PARK PRESS
  Wed. APRIL 09, 2014
* TITLE: OBAMA, OTHER PRESIDENTS HONOR CIVIL RIGHTS ACT
  BY: David Jackson, USA TODAY
* Plaintiff herein incorporates this Exhibit "Twenty-Three" to every page in this action and to support thereof.

ACP

USA TODAY FOR: ASBURY PARK PRESS
Wed., APRIL 09, 2014

Obama, other presidents honor Civil Rights Act

David Jackson
USA TODAY

AUSTIN — President Obama and three of his predecessors — are paying tribute here this week to the man and the movement that in many ways made Obama president.

That man — President Lyndon Johnson — and the movement that forged the Civil Rights Act of 1964 are topics of a three-day 50th anniversary summit at the LBJ library that opened Tuesday. Obama and presidents George W. Bush, Bill Clinton and Jimmy Carter are all scheduled to discuss the series of civil rights laws that continue to change American life, politics and culture.

"Those laws did many 'wonderful' things, Carter said on the summit's opening day Tuesday, but the nation is still "falling short" on parts of the civil rights agenda, notably racial disparities in employment and education.

Obama, who delivers the keynote address Thursday, has previously discussed the personal impact of the Civil Rights Act of 1964 and its equally high-profile companion, the Voting Rights Act signed by Johnson in 1965.

In an August ceremony to commemorate the 50th anniversary of the March on Washington, Obama said that people demonstrated to open "doors of opportunity and education" for him and millions of others.

"Because they marched," he said, "city councils changed and state legislatures changed, and Congress changed and yes, eventually, the White House changed."

Passed over the objections of filibustering Southern senators, the Civil Rights Act of 1964 outlawed racial segregation at public accommodations that included hotels, restaurants, schools and public transportation. It basically ended what civil rights activist Julian Bond, attending the summit here, called "this petty apartheid that America had."

The next year, the Voting Rights Act of 1965 broke down barriers that Southern states and others had put on voting by African Americans. Those two laws became cornerstones of what Johnson called his "Great Society," federal legislation designed to expand economic opportunity

CIVIL RIGHTS ACT OF 1964

EXHIBIT "Twenty-Three"

EXHIBIT "TWENTY-FOUR"

copies of the following:

* AUTHORIZATION FOR RELEASE OF INFORMATION PURSUANT TO HIPAA (OCA OFFICIAL FORM # 960)

* for: ANTON PURISIMA
* MAILED ON: APRIL 08, 2014
* Signed & Dated: APRIL 08, 2014
* Letter from: NYC Transit Authority, Law Dept. Dated: March 18, 2014, with "Instructions for the use of the HIPAA-compliant Authorization Form to Release Health Information for Litigation"
* Plaintiff incorporates these ("the "above Documents") to every page in this action, and to support thereof. And Copy of ENVELOPE Postmarked: APRIL 02, 2014

ACP

Instructions for the Use of the HIPAA-compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as "at the conclusion of my court case" or provide a specific date amount of time, such as "3 years from this date".

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

New York City
Transit Authority
Law Department
Claims Investigation and Adjustment

March 18, 2014

In reply, please refer to:
BU 20131009 0035 - 001

ANTON PURISIMA
390 9TH AVENUE

NEW YORK NY 10001

To Whom It May Concern:

An action now pending against the New York City Transit Authority arises from an accident that occurred:

Date: 10/09/2013 Time: 4 : 5 P M Borough: Q
Division: QB Line/Route: Q32 Car/Bus #: 6903 Stairway:
Location: ROOSEVELT AVENUE & 61 STREET Direction:

Re: ANTON PURISIMA
390 9TH AVENUE
NEW YORK NY 10001

To aid in the completion of our investigation of this case, kindly forward the following information to the attention of the claim examiner listed below. We need:

AUTHORIZATIONS FOR RELEASE OF MEDICAL AND EMPLOYMENT RECORDS

Thank you for your cooperation in this matter.

Very truly yours,
Wallace D. Gossett, Esq.
Executive Assistant General Counsel, Torts

By: Sean A. Davis Claim Specialist II
Claim Specialist II
130 Livingston Street
Brooklyn, N.Y. 11201
Tel: 718-694-4822

Attachment

03 SAD SAD

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
ANTON PURISIMA	DEC. 15, 1951	570-75-6624
Patient Address 390 9TH. AVENUE, NEW YORK, NEW YORK 10001		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
ST. LUKES EMERGENCY DEPT., 1111 AMSTERDAM AVE., NY, NY 10025

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) ☐ By initialing here AC P (Initials) I authorize _____ (Name of individual health care provider) to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
☒ At request of individual ☐ Other:	*
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form. DISCRETION OF NYC TRANSIT AUTHORITY, TO FILL AS DEEMS NEEDED THE ABOVE ITEMS.

ANTON PURISIMA
Signature of patient or representative authorized by law.

Date: APRIL 08, 2014

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

OCA Official Form No.: 960

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4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
HOBOKEN UNIVERSITY MEDICAL CENTER, 308 WILLOW AVE., HOBOKEN, NJ 07030

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
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130 Livingston Street
Brooklyn, NY 11201

New York City Transit

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Anton Purisima
390 9th Ave
NY, NY 10001

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